



07-21-06

Handwritten initials/signature

Atty. Dkt. No. 047711-0221

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. Lebel et al.
Title: AMBULATORY MEDICAL
APPARATUS WITH HAND HELD
COMMUNICATION DEVICE
Appl. No.: 09/768,196
Filing Date: 1/22/2001
Examiner: Matthew F. Desanto
Art Unit: 3763
Confirmation No.: 1919

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 444458949 US	July 20, 2006
(Express Mail Label Number)	(Date of Deposit)
Jose Ramos	
(Printed Name)	
<i>[Signature]</i>	
(Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 20, 2006, finally rejecting Claims 6-29.

☐ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

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☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$500.00

A credit card payment form in the amount of \$500.00 is enclosed.

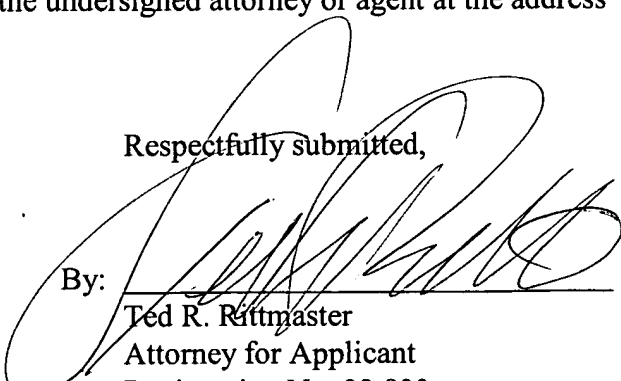
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: July 20, 2006
 FOLEY & LARDNER LLP
 Customer Number: 23392
 Telephone: (310) 975-7963
 Facsimile: (310) 557-8475

By:


 Ted R. Rittmaster
 Attorney for Applicant
 Registration No. 32,933